

**UNITED STATES PATENT AND TRADEMARK OFFICE**

**RECEIVED  
CENTRAL FAX CENTER**

**JUN 10 2005**

Appl. No. : 09/640,606  
Applicant : Rajeev Khanolkar et al.  
Filed : August 17, 2000  
TC/A.U. : 2131  
Examiner : Taghi T. Arani, Ph.D.  
Docket No. : 26836.701.201  
Customer No. : 21971  
Title : Comprehensive Security Structure  
Platform for Network Managers

Confirmation No. 4499

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**AMENDMENT**

Sir:

In response to the final Office action of January 27, 2005, please amend the above-identified application as follows:

06/13/2005 SMINASS1 00000029 232415 09640606

01 FC:1202 100.00 DA

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.

2604302\_2.DOC



Wilson Sonsini Goodrich & Rosati  
PROFESSIONAL CORPORATION

**RECEIVED**  
**CENTRAL FAX CENTER**  
**JUN 10 2005**

Date: June 10, 2005

To: Examiner T. Arani, A/U 2131

Fax: 703.872.9306

☐ Use this fax  
number only

Company: U.S. Patent and Trademark Office

Phone:

☐ Notify recipient  
before sending

From: George A. Willman

Phone: 650.320.4945

Return Fax: 650.493.6811

Original: ☐ To follow via mail ☐ To follow via courier ☐ To follow via email ☒ Original will not followFax Contains: 20 pages (including this sheet). If incomplete, call 650.493.9300 x7255.**Message:**

Appl. No. : 09/840,608 Confirmation No. 4499  
Applicant : Rajeev Khanolkar et al.  
Filed : August 17, 2000  
TC/A.U. : 2131  
Examiner : Taghi T. Arani, Ph.D.  
Docket No. : 26836.701.201  
Customer No. : 21971  
Title : Comprehensive Security Structure  
Platform for Network Managers

**RECEIVED**  
**OIPE/IAP**

**JUN 13 2005**

Transmittal, Fee Transmittal, Extension of Time Request, Response to Office Action.

Ref: 26836.701.201

Return Original to: Linda Faye

Location: SR 1-2-i

650 Page Mill Road, Palo Alto, CA 94304-1050 • 650.493.9300 Tel • 650.493.6811 Fax • www.wsgr.com

This fax may contain confidential and privileged material for the sole use of the intended recipient. Any review or distribution by others is strictly prohibited.  
If you are not the intended recipient please contact the sender and destroy all copies.

Entire Transmission Copyright © 2003 Wilson Sonsini Goodrich &amp; Rosati. All Rights Reserved.

2871409 1.DOC (738)

PAGE 1/20 \* RCVD AT 6/10/2005 3:29:14 PM [Eastern Daylight Time] \* SVR:USPTO-EFAX-1/5 \* DNIS:8729306 \* CSID:650 493 6811 \* DURATION (mm-ss):06-22

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

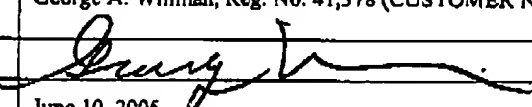
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/640,606
		Filing Date	August 17, 2000
		First Named Inventor	Rajeev Khanolkar et al.
		Art Unit	2131
		Examiner Name	Taghi T. Arani, Ph.D.
Total Number of Pages in This Submission	20	Attorney Docket Number	26836.701.201

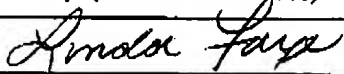
## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>  		

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	George A. Willman, Reg. No. 41,378 (CUSTOMER NO. 21971), WILSON SONSINI GOODRICH & ROSATI
Signature	
Date	June 10, 2005

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Linda Faye (Fax No.: 703.872.9306)
Signature	
Date	June 10, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> applicant claims small entity status. See 37 CFR 1.27.		Application Number	09/640,606
<b>TOTAL AMOUNT OF PAYMENT</b>		Filing Date	August 17, 2000
(\$ ) 100		First Named Inventor	Rajeev Khanolkar et al.
		Examiner Name	Taghi T. Arani, Ph.D.
		Art Unit	2131
		Attorney Docket No.	26836.701.201

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check   ☐ Credit card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account: Deposit Account Number: 23-2415      Deposit Account Name: Wilson Sonsini Goodrich & Rosati
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below      ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17      ☐ Credit any overpayment

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
36	- 34 or HP = 2	x 50 = 100
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
2	- 3 or HP = 0	x 200 = 0
HP = highest number of total claims paid for, if greater than 3		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fractions thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	41,378	Telephone	650-493-9300
Name (Print/Type)	George A. Willman (CUSTOMER NO. 21971)			Date	June 10, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.